

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE
CANDIDATE
FIRST
JERRY
MI
NICKNAME
LAST
CLANCY
SUFFIX

OFFICE USE ONLY

Date Received
✓

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3502 Woodville DR. SAN ANTONIO TX 78223

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE Camp.
TREASURER
FIRST
JERRY
MI
NICKNAME
LAST
CLANCY
SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3502 Woodville DR SAN ANTONIO, TX 78223

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 3330352

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year
2 / 20 / 03 THROUGH Month Day Year
5 / 26 / 03

10 ELECTION

ELECTION DATE
Month Day Year
05 / 03 / 03
ELECTION TYPE
☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

Councilman Dist. 3

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

N/A

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JERRY CLANCY

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 100⁷⁴OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Gerard P. Clancy

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gerard P. Clancy, this the 26th day of March, 20 03, to certify which, witness my hand and seal of office.

Delia Sandoval

Signature of officer administering oath

Delia Sandoval

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

2003 MAR 28 AM 8:05

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: <u>1</u>	
2 FILER NAME <u>Jerrey Clancy</u>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>N/A</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>N/A</u>) <u>NA</u>		7 Amount of contribution (\$) <u>- 0 -</u>	8 In-kind contribution description (if applicable) <u>- 0 -</u>	
6 Contributor address; City; State; Zip Code <u>NA</u>					
9 Principal occupation (Optional) <u>NA</u>			10 Employer (Optional) <u>NA</u>		
Date <u>N/A</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>NA</u>) <u>NA</u>		Amount of contribution (\$) <u>- 0 -</u>	In-kind contribution description (if applicable) <u>- 0 -</u>	
Contributor address; City; State; Zip Code <u>NA</u>					
Principal occupation (Optional) <u>NA</u>			Employer (Optional) <u>NA</u>		
Date <u>N/A</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>N/A</u>) <u>NA</u>		Amount of contribution (\$) <u>- 0 -</u>	In-kind contribution description (if applicable) <u>- 0 -</u>	
Contributor address; City; State; Zip Code <u>NA</u>					
Principal occupation (Optional) <u>NA</u>			Employer (Optional) <u>NA</u>		
Date <u>NA</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>N/A</u>) <u>N/A</u>		Amount of contribution (\$) <u>- 0 -</u>	In-kind contribution description (if applicable) <u>- 0 -</u>	
Contributor address; City; State; Zip Code <u>NA</u>					
Principal occupation (Optional) <u>NA</u>			Employer (Optional) <u>NA</u>		
Date <u>NA</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>N/A</u>) <u>N/A</u>		Amount of contribution (\$) <u>- 0 -</u>	In-kind contribution description (if applicable) <u>- 0 -</u>	
Contributor address; City; State; Zip Code <u>NA</u>					
Principal occupation (Optional) <u>NA</u>			Employer (Optional) <u>NA</u>		
Date <u>NA</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>N/A</u>) <u>NA</u>		Amount of contribution (\$) <u>- 0 -</u>	In-kind contribution description (if applicable) <u>- 0 -</u>	
Contributor address; City; State; Zip Code <u>NA</u>					
Principal occupation (Optional) <u>NA</u>			Employer (Optional) <u>NA</u>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

2003 MAR 28 AM 8:03

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

JERRY CLANCY

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ - 0 -

5 Date of loan

N/A

7 Name of lender

N/A

☐ out-of-state PAC (ID#: NA)

9 Loan Amount (\$)

- 0 -

6 Is lender a financial Institution?

Y N/A N

8 Lender address; City; State; Zip Code

N/A

10 Interest rate

- 0 -

11 Maturity date

- 0 -

12 Description of Collateral

☐ none

NA

13 GUARANTOR INFORMATION

N/A

☐ not applicable

14 Name of guarantor

NA

15 Guarantor address; City; State; Zip Code

NA

16 Amount Guaranteed (\$)

N/A

17 Principal Occupation

N/A

18 Employer

NA

Date of loan

NA

Name of lender

NA

☐ out-of-state PAC (ID#: NA)

Loan Amount (\$)

- 0 -

Is lender a financial Institution?

Y NA N

Lender address; City; State; Zip Code

NA

Interest rate

- 0 -

Maturity date

- 0 -

Description of Collateral

☐ none

N/A

GUARANTOR INFORMATION

N/A

☐ not applicable

Name of guarantor

N/A

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

N/A

Principal Occupation

N/A

Employer

N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 MAR 28 AM 8:03

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>JERRY CLANCY</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>3/1/03</u>	5 Payee name <u>U.S. POST OFFICE</u> 6 Payee address; City; State; Zip Code <u>CLARK @ SOUTHCROSS</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>MAIL TWO LETTERS</u>	8 Amount (\$) <u>0.744</u> <input type="checkbox"/> Reimbursement from political contributions intended <u>NO</u>
Date <u>2/20/03</u>	Payee name <u>CITY OF SAN ANTONIO</u> Payee address; City; State; Zip Code <u>CITY HALL SAN ANTONIO, TX 78205</u> Purpose of expenditure (See instructions regarding type of information required.) <u>FILING FEE CITY ELECTION CANDIDATE DIST 3</u>	Amount (\$) <u>\$100.00</u> <input type="checkbox"/> Reimbursement from political contributions intended
Date <u>N/A</u>	Payee name <u>N/A</u> Payee address; City; State; Zip Code <u>N/A</u> Purpose of expenditure (See instructions regarding type of information required.) <u>N/A</u>	Amount (\$) <u>N/A</u> <input type="checkbox"/> Reimbursement from political contributions intended
Date <u>N/A</u>	Payee name <u>N/A</u> Payee address; City; State; Zip Code <u>N/A</u> Purpose of expenditure (See instructions regarding type of information required.) <u>N/A</u>	Amount (\$) <u>N/A</u> <input type="checkbox"/> Reimbursement from political contributions intended
Date <u>N/A</u>	Payee name <u>N/A</u> Payee address; City; State; Zip Code <u>N/A</u> Purpose of expenditure (See instructions regarding type of information required.) <u>N/A</u>	Amount (\$) <u>N/A</u> <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE I
2003 MAR 28 AM 8:03

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

JERRY CLANCY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

NA

8 Amount
(\$)

NA

6 Payee address; City; State; Zip Code

NA

- 0 -

7 Purpose of expenditure (See instructions regarding type of information required.)

NA

Date

Payee name

NA

Amount
(\$)

NA

Payee address; City; State; Zip Code

NA

- 0 -

Purpose of expenditure (See instructions regarding type of information required.)

NA

Date

Payee name

NA

Amount
(\$)

NA

Payee address; City; State; Zip Code

NA

- 0 -

Purpose of expenditure (See instructions regarding type of information required.)

NA

Date

Payee name

NA

Amount
(\$)

NA

Payee address; City; State; Zip Code

NA

- 0 -

Purpose of expenditure (See instructions regarding type of information required.)

NA

Date

Payee name

NA

Amount
(\$)

NA

Payee address; City; State; Zip Code

NA

- 0 -

Purpose of expenditure (See instructions regarding type of information required.)

N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

REMIT TO:
CITY OF SAN ANTONIO
P.O. BOX 839975
SAN ANTONIO, TX 78283-3975

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

I N V O I C E
2875342

AMT ENCLOSED

2003 MAR 28 AM 8:03

AMOUNT DUE 100.00
INVOICE DATE 2/20/2003
DUE DATE 2/20/2003

02-01-63740
JERRY P. CLANCY
3502 WOODVILLE
SAN ANTONIO, TX

PHONE: (000) 000-0000

FILING FEE

FACILITY LOCATION: 100 PLAZA DE ARMAS

INVOICE DATE	INVOICE	ACCOUNT	DUE DATE	OFFICE HOURS
2/20/2003	2875342	02-01-63740	2/20/2003	7:45 - 4:30

LINE	INDEX REF	DESCRIPTION	AMOUNT
1	018705-001	DEPOSITS FOR COUNCIL CANDIDATES	100.00

AGREEMENT DATES	SERVICE DATES	ORDINANCE	CONTRACT	DOCUMENT
ST:	02/19/2003			
END	02/19/2003			

INVOICE INFORMATION	INVOICE AMT	PAYMENTS RECV	TOTAL INV AMT DUE
	100.00	0.00	100.00

CUSTOMER INFORMATION	OTHER AMTS DUE	TOTAL CUST AMT DUE